## Dr. Rutledge's DRAFT presented at May 7, 2008 GETAC Stroke Cmte Mtg

Support (Level III) Stroke Facility Criteria Standards.

- 1) Level 3<sup>1</sup>: Support Stroke Facilities ("SSFs") provide timely access to stroke care but may not be able to meet all the criteria specified in the Level 1(CSCs) and Level 2 (PSCs) guidelines. They are required to:
  - a. Develop a plan specifying the elements of operation they do meet.
  - b. Have a Level 1 or Level 2 center that agrees to collaborate with their facility and provide the supplemental resources needed to meet the criteria outlined in the Level 2 requirements that they lack.
  - c. The collaboration will provide 24/7 access to a qualified health care individual.
  - d. Identify in the plan where the Level 1 or Level 2 center has agreed to collaborate with and accept their stroke patients for stroke treatment therapies the SSF are not capable of providing
  - e. Obtain a written agreement between the Level 1 or Level 2 Stroke Center with their facility specifying the collaboration and interactions.
  - f. Develop written treatment protocols which will include at a minimum:
    - 1. Transport or communication criteria with the collaborating/accepting Level 1 or Level 2 center.
    - 2, Protocols for administering thrombolytics and other approved acute stroke treatment therapies.
  - g. Obtain an EMS/RAC agreement that:
    - clearly specifies transport protocols to the SSF, including a
      protocol for identifying and specifying any times or
      circumstances in which the center cannot provide stroke
      treatment; and,
    - 2. specifies alternate transport agreements that comply with GETAC EMS Transport protocols.
  - h. Document ED personnel training in stroke.
  - i. Designate a stroke director (this may be an ED physician or non-Neurologist physician)
  - j. Employ the NIHSS for the evaluation of acute stroke patients administered by personnel holding current certification

<sup>&</sup>lt;sup>1</sup> The designation of a Level 3 Center is defined to allow timely access to acute stroke care that would not otherwise be available such as in rural situations where transportation and access are limited and is intended to recognize those models that deliver standard of care in a quality approach utilizing methods commonly known as "drip and ship" and telemedicine approaches.

- k. Clearly designate and specify the availability of neurosurgical and interventional neuroradiology/endovascular services.
- 1. Document access and transport plan for any unavailable neurosurgical services within 90 minutes of identified need with collaborating Level 1 or 2 Stroke Center.

Be a licensed DSHS general hospital